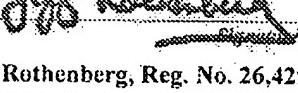


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>(Large Entity)</b>						Docket No. 2642.025
In Re Application Of: Gawer et al.						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/574,368	01/16/2007	Andrew Rost	23405	3753	5847	
Invention: SLUICE SYSTEM FOR A VACUUM FACILITY						
<b>COMMISSIONER FOR PATENTS:</b>						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>10/2/2009</u> in the above-identified application. <i>Date</i>						
The requested extension is as follows (check time period desired):						
<input type="checkbox"/> One month <input type="checkbox"/> Two months <input checked="" type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months						
from: <u>January 2, 2010</u> <i>Date</i>			until: <u>April 2, 2010</u> <i>Date</i>			
The fee for the extension of time is <u>\$1,110</u> and is to be paid as follows:						
<input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 08-1935 <input type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 08-1935 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Jeff Rothenberg, Reg. No. 26,429 Heslin Rothenberg Farley & Mesiti P.C. 5 Columbia Circle Albany, NY 12203 Tel: 518-452-5600 Fax: 518-452-5579 E-mail: jr@hrfmlaw.com						Dated: Oct. 5, 2010
						I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ <i>(Date)</i>
						<i>Signature of Person Mailing Correspondence</i>
						<i>Typed or Printed Name of Person Mailing Correspondence</i>

**Jeff Rothenberg, Reg. No. 26,429  
Heslin Rothenberg Farley & Mesiti P.C.  
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Albany, NY 12203  
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Fax: 518-452-5579  
E-mail: jr@hrfmlaw.com**

Dated: Oct. 5, 2010

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

Adjustment date: 11/02/2018 CKHLOK  
18/05/2018 IN/EFSW 000008129 001935 10574368  
02 FC:1253 1110.00 CR  
CC:

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 10/29/10		2 Serial/Patent # 10/574,368	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input checked="" type="checkbox"/> Extension of Time		PET.OP	10/05/10 \$ 1,110.00
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,110.00
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
<input type="checkbox"/> Overpayment		X	Credit Deposit A/C #:
<input type="checkbox"/> Duplicate Payment		9	1 8 -- 1 9 3 5
<input checked="" type="checkbox"/> No Fee Due (Explanation):		Extension of time is unnecessary, no fee due.	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: Diane Goodwyn		TITLE: Paralegal	
SIGNATURE: /dgoodwyn/		PHONE: 571-272-6735	
OFFICE: Petitions		*****	
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: <u>Diane Goodwyn</u>		DATE: 11/21/10	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B